

Kelley (W. J.)

WEST VIRGINIA RESOLUTIONS,

—BY—

WEBB J. KELLEY, M. D.,

Member American Medical Association, Ohio State Medical Society, North Central Ohio Medical Society, National Association Railway Surgeons, Surgeon C. C. C. & St. L. R'y, Erie Railway, Professor Operative Surgery Ohio Medical University, Etc., Galion, Ohio.

Read at the Joint Meeting of the Northern Ohio Medical Societies at Mansfield, Ohio, November 6th, 1891.



Reprinted from "The Cleveland Medical Gazette,"
November, 1891.



THE AMERICAN MEDICAL ASSOCIATION AND THE WEST VIRGINIA RESOLUTIONS.*

WEBB J. KELLEY, M. D., GALION, OHIO.

Member American Medical Association, Ohio State Medical Society, North Central Ohio Medical Society, National Association Railway Surgeons, Surgeon C. C. C. & St. L. R'y, Erie Railway, Professor Operative Surgery Ohio Medical University, Etc.

At the annual meeting of the State Medical Society of West Virginia, June 11, 1890, a committee was appointed to memorialize the State Societies of adjoining states and the American Medical Association upon the subject of the relations of contract surgeons of the different railroad systems to the general profession, and to ask these societies to consider how far the rules adopted by railroad corporations for the government of the surgeons in their service infringe upon the rights of the profession at large, as set forth in the code of ethics of the American Medical Association.

It is well known that large bodies of men are in the employ of these corporations; that these men live in widely scattered communities and that these corporations have established systems of contract surgeons to attend to employes and passengers injured by accidents occurring while in their employ or care as passengers.

It is also well known that these corporations have adopted rules for the government of these surgeons and of those injured, directing that these surgeons assume entire charge of such employes or passengers when injured, regardless of the rights of any outside medical men who may have been summoned and is in attendance upon such persons prior to the arrival of the company's surgeon, even if in addition the physician first in attendance be the family

*Paper read at the joint meeting of the Northern Ohio Medical Societies at Mansfield, Ohio, November 6th, 1891.

and personal attendant of the party injured, and in most cases have served a notice to this effect on the general profession. For instance, section 4 of the general order No. 2 of the Baltimore & Ohio Railroad Relief Department says :

Upon the arrival of the company's surgeon and taking charge of the patient the called surgeon, if one has been called, shall be distinctly notified by the company's surgeon that the company will be no longer responsible for his attendance or service and that they are no longer required.

In section 5 of the same company's instruction, it says :

Company's surgeons upon arriving at the place of accident will take exclusive charge of the case and entirely relieve any surgeon other than the one under contract with the company from further care and attendance. The called surgeon shall be distinctly notified by the company's surgeon and the officer in charge, that the company will be no longer responsible for his attendance or service. Should the patient prefer the services of a surgeon other than the one provided by the company, it must be distinctly understood by the patient and the said surgeon that neither the company nor the Relief Association will be responsible for the services rendered.

To the majority of the State society this appears to place the physician in direct conflict with section 6 of article 5 of the code of ethics and causes infringements upon the rights of physicians first called, who charitably respond to such calls, while knowing the rules of the company, because of the urgency of the case.

Again, in the establishment of these systems of contract surgeons we believe the practice of accepting passes as compensation, in lieu of the regular fees customary to the profession, is detrimental to the best interests of the profession by lowering the standard of the values of surgical services, and further demoralizing because it gives to these wealthy corporations services at far less rates than the profession charges to individuals for like services, and further, that these corporations come under that part of section 3 of article 1, relating to the duties of the profession to the public, and vice versa, which exempts institutions endowed by rich individuals, societies for mutual benefit, for the insurance of lives, etc., from the privileges set forth in section 1 and section 2 of the same article.

Further, it seems to your memorialists that if members of the profession are left to make contracts to furnish an unlimited service of the kind required for passes, and in some cases small fixed money payments, with these larger corporations without affecting their ethical standing, all stigma of unprofessional or unethical conduct should be removed from those of the profession who contract with private individuals to furnish medical or surgical services, including medicine, by the year or month, at fixed sums.

In conclusion we hope your society will consider this subject, and if agreeing with us that this is an evil, join us in bringing this to the American Medical Association, for it is to decide what action, if any, is proper under the circumstances.

The foregoing is respectfully submitted in behalf of the committee appointed, as before stated.

WESLEY H. SHARP, M. D.,

Parkersburg, W. Va., Nov. 28, 1891. Chairman of Com.

These famous West Virginia resolutions of Dr. Wesley Sharp, remind me of the fact "that from the days of the Roman Empire down to the present time, men have capped the climax of their defeat by self-destruction. Rather than endure disgrace they have acted as their own executioners. In those days when Romans believed it a disgrace to be killed by a foe in battle, suicides were common. We might also bear in mind the heroic suicide mentioned in the Scriptures: Sampson, in order to be revenged on his enemies, pulled down the temple in which they were reveling and perished with them."

It is even so with these West Virginia professional brethren—defeated by some professional brother at home—they now seek to commit professional suicide by introducing and having passed by the American Medical Association, a series of resolutions that would debar three thousand loyal working members of the profession from participating in its membership. If passed, it would simply set a precedent that in five years would entirely

destroy the association itself. It would be committing professional suicide.

Take the recent meetings of the American Medical Association, and who have been its most earnest, laboring members--members who attend the sessions of the sections, prepare papers, and make the sessions of the sections, especially the surgical, interesting? Look in their pocket and you will find a little piece of paste board that will explain their calling. They are railroad surgeons. A class of surgeons who have done as much, if not more, good in the last twelve years for the profession and suffering humanity than any other class of specialists in it. They have in their National Association to-day a membership of over one thousand; the largest membership of surgeons in any society in America, and notwithstanding this fact, there is an attempt being made to debar them from membership in the society of which they are the very heart and soul. A society, which but for their presence at the annual meeting, would hardly make a respectable showing. Railroads are corporations carrying on a business of vast magnitude in which the millions of dollars of the stock-holders are invested, and for which they expect some return. Ever since I can remember anything about railroads, it has been a common idea that they were the legitimate prey of anyone who might perchance have a bill against them, and, my friends, the "anyone's" are mighty numerous. The American people were not satisfied with the fifteen or eighteen miles an hour schedule; they demanded rapid transit both for themselves and their wares. Rapid transit insures accident—accidents cause personal injuries—personal injuries insure damage suits—damage suits cost money—who pays the money? Surely, not the individual who demanded the rapid transit—not by any means. He generally manages to be around, however, and is a personal friend of someone who is injured, and he also has a lawyer friend who knows just how to make the railroads pay for this special kind of an injury. I can assure you that next to the pass friend, these lawyer leeches are the bane of all

railroad officials. Now when this case comes up in court does the worthy professional brother from West Virginia tear his hair and soil his clothing in an endeavor to reach the court room with the object in view of seeing that the railroad company does not get the worst of it? Not by any means. He is one of those fellows who sits back and says:—"Give it to him, Bill, and if you can't make him produce, I'll help you." Is it any wonder then that railroads were compelled to employ surgeons for self-protection? The railroads found that by employing "good surgeons" to look after *these* cases they saved money, and being harrassed beyond endurance by bills presented by outside surgeons for attendance upon injured employes, they, at first, simply as a matter of experiment employed surgeons at all principal points where employes were likely to become injured. It was found to pay, and what has been the result of the experiment? A full corps of surgeons are employed on every trunk line in this country; stretchers are placed at convenient points; dispensaries have been opened, and magnificent hospitals established. So much for the railroad part of it.

What has it done for the profession and community at large. Twenty years ago, when my honored father accepted the position of surgeon for the Atlantic & Great Western Railway, railroad surgeons were a rarity, and railroad surgery was in an embryotic state. How many poor men are there now, who are stumping it or carrying around an empty sleeve that could have received better treatment to-day, and probably have saved an arm or a leg. Then anyone did the work, generally the first doctor to be found. To-day one man does all, or nearly all, the work in a town or a city. The result has been wonderful—experience tells, and to-day limbs are saved and made useful members that a few years ago would have been amputated. Would you prefer to have an ovarian tumor removed from your wife, by a man who seldom, if ever, performed the operation, if you could secure the services of a Tait? Isn't the comparison reasonable? Wouldn't you prefer, if injured in a railroad collision, the services of Senn, Outten, Gail-

braith, Connor, or a man of their experience, to a man who rarely attended a similar case? Have you any idea of the number of cases of injuries that a railroad surgeon attends if he is located at the end of the division? My father and myself have attended over twenty-five hundred cases in the little city of Galion. Wouldn't you think that experience would be of benefit to an injured employee? Comparisons are odious, still they sometimes convey a wonderful amount of truth.

Coming down to that part of the resolutions relative to the taking charge of the case by the company's surgeon on his arrival and the discharge of the called surgeon, also the contract work, I fail to see anything wrong about this. Quoting from a recent letter sent me by one high in medical circles: "I suppose we might get along far better if we had less ethics. Let the golden rule be our ethics, and not trouble ourselves with petty jealousies about what our neighbor is or is not doing. No amount of ethics will make a gentleman out of a sneak or a boor, and it is folly to waste time on such people. The Lord only knows how to deal with such," and I might add that when they are jealous doctors, no doubt he often wishes that the other fellow had the passing of the sentence. There is to be found in every community men in the profession who are gentlemen, and professional gentlemen. What course would he pursue in a case of this kind? If the patient preferred the first called surgeon, I have no doubt but that the company's surgeon would examine the case sufficiently to make his report, and gratefully withdraw. Personally, I have done this a great many times. Of course the patient must pay his own bill, and why shouldn't he? An individual applies for a pension; if successful, the government must pay out money. Do they trust it to the family physician and pay him for his certificate? Not by any means. He must go before a pension board of examining surgeons, who are appointed by government officials, and pass an examination on his injuries, and the government are sure to get him far enough away from home that his family physician will

have no influence with the examining board. Isn't the family physician ignored for a contract surgeon, and more than all, a political contract surgeon? How many pension examiners has the State Medical Society of West Virginia ever tried for doing contract work?

An individual wishes to insure his life in the New York, the Equitable, New York Mutual, or some company of their standing. Does the family physician receive the benefit of that examination? Oh! no! the company has a "hired hand" especially appointed for that work. He makes the examination. Is he brought to trial before his county association for doing contract work? No! that's legitimate! but nevertheless there is not a dozen physicians in this room but what have signed contracts to make examinations for life insurance companies for a stipulated amount. Is it not just as much contract work as the railroad surgery? If it is wrong, I am an awful sinner, having signed contracts with some thirty companies.

My friend Reed, here in Mansfield, is Health Officer. He receives a stipulated salary on an uncertain amount of professional work. Has the North Central Ohio Medical Association barred him from membership? From the way he works for the society, I am rather inclined to think they admire him.

I remember three or four years ago, I visited Richmond, Virginia. They have an elegant body of professional gentlemen there. In the course of a conversation with Dr. Brock, he informed me that he had been police surgeon of Richmond ever since the war. Don't you suppose that with such men as Hunter McGuire, in Richmond, that in his official capacity, Dr. Brock had attended patients that belonged to Hunter McGuire? Dr. Brock is an elegant polished gentleman, and I never imagined any one would endeavor to keep him out of medical society, yet his neighbors in an adjoining state think he is all wrong. I could go on and relate instance after instance where the family physician is wholly ignored for the contract individual, and still there is nothing said.

But if a contract railroad surgeon happens to step on the toes of some West Virginia family physician, a howl goes up all over the state that reaches far over the mountains into the quiet home of the Ohio physician, and disturbs his pleasant dreams of a fat fee and a good dinner.

As far as the code of ethics is concerned, there is not one word said, either directly or indirectly, about contract work, and I defy our worthy West Virginia brethren to produce it. Listen to the section referred to by them :

“ARTICLE 5, SECTION 6.—It often happens, in cases of sudden illness, or of recent accidents or injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and unless the further assistance be requested, should resign the case to the latter on his arrival.”

“ARTICLE 1, SECTION 3.—But neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives, or for analogous purposes, nor any profession or occupation, can be admitted to possess such privileges. Nor can it be expected of physicians to furnish certificate of inability to serve on juries, to perform military duty, or to testify to the state of health of persons wishing to insure their lives, to obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely accorded.

To sum the whole thing up in a few words--the railroad corporations employ a large number of men--these men constitute a large family, and when one of the family is injured, the corporation who is the head of the family and pays the bills, sends for their family physician. He comes and sometimes the called physician objects to turning the patient over to the family physician. This has probably happened down about Parkersburg once or twice, and as a result the profession of West Virginia are attempting to commit professional suicide.

